

Labor Commissioner, State of California
Department of Industrial Relations
Division of Labor Standards Enforcement
300 Oceangate Ste 850
Long Beach, CA 90802
(562) 983-1453
FAX: 562-499-6439



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DATE

In Reply Refer to Case No

REQUEST FOR FICTITIOUS BUSINESS NAME STATEMENT

Company Name	Address
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We hereby request a certified copy of the fictitious business name statement filed with you by the above named entity.

The statement will be used for official business purposes only. Pursuant to Section 6103 of the California Government Code, the State is not required to pay or deposit any fee for the performance of any official service.

Please return the requested information in the enclosed self-addressed envelope.

Sincerely,

STATE LABOR COMMISSIONER

By _____

Deputy Labor Commissioner I